Acute Coronary Syndromes

RIVAROXABAN REDUCES SPONTANEOUS AND LARGE MYOCARDIAL INFARCTIONS: FINDINGS FROM THE ATLAS ACS 2 - TIMI 51 TRIAL

Oral Contributions
West, Room 3001
Saturday, March 09, 2013, 8:30 a.m.-8:45 a.m.

Session Title: ACS: New Agents and Approaches
Abstract Category: 3. Acute Coronary Syndromes: Therapy
Presentation Number: 901-5

Authors: *Matthew Cavender, Eugene Braunwald, C. Michael Gibson, Stephen Wiviott, Sabina Murphy, Marcos Amuchastegui, Anton Oude Ophuis, Maarten van Hessen, Jessica Mega, TIMI Study Group, Brigham and Women's Hospital, Boston, MA, USA*

Background: Rivaroxaban reduces cardiovascular death, myocardial infarction (MI), or stroke in patients following acute coronary syndrome (ACS). We aimed to characterize the specific effects of rivaroxaban on the type and size of incident MI.

Methods: ATLAS ACS 2-TIMI 51 randomized 15,526 patients with a recent ACS to rivaroxaban 2.5 mg BID, rivaroxaban 5 mg BID, or placebo. An independent clinical events committee adjudicated all recurrent MIs and further classified each MI based on type and size. Data are presented as 2-year Kaplan-Meier event rates and hazard ratios (95% CI).

Results: In total, 665 patients had a MI and the majority were spontaneous (Type 1) events (n=535, 80%). When compared with placebo, rivaroxaban reduced spontaneous MIs (4.4% vs. 5.7%, HR 0.80, 95% 0.67-0.95, p=0.01, Figure), and there were directionally consistent reductions with both the 2.5 mg (4.7% vs. 5.7%, HR 0.84, 95% 0.68-1.02, p=0.08) and 5 mg doses (4.1% vs. 5.7%, HR 0.77, 95% 0.62-0.94, p=0.01). In particular, rivaroxaban reduced STEMI events (1.6% vs. 2.3%, HR 0.73, 95% CI 0.54-0.97, p=0.03) and large infarctions with peak biomarkers >10x ULN (1.7% vs. 2.4%, HR 0.73, 95% CI 0.55-0.96, p=0.02).

Conclusions: In patients stabilized after ACS, the majority of recurrent MIs are spontaneous in nature, and rivaroxaban significantly reduced these events. Notably, rivaroxaban prevented large coronary events including STEMIs and MIs with extensive biomarker elevations.